



VOLUNTEER INFORMATION FORM



Thank you for your interest in the Maricopa County Division of BioDefense Preparedness and Response (BDPR). Our mission is to assure the readiness of the Public Health Department to detect and respond to health threats in Maricopa County. If selected as a volunteer for this program, you may be called to work with local, state, and federal emergency management and response agencies in the event of a public health emergency.

In order to ensure that your skills are used efficiently and effectively, and to make sure that we can contact you in case of an emergency, we ask that you complete this Volunteer Information Form, and return it to:

BioDefense Preparedness and Response
Attn: Volunteer Coordinator
Maricopa County
1010 E. McDowell Road, Suite 300
Phoenix, AZ 85006

You may also fax both sides of this form to: (602) 372-2655

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Email: _____

How did you hear about BDPR?: _____

Are you registered to volunteer with any other emergency response agency? ☐ No ☐ Yes

If yes, which agency or agencies?

- ☐ CERT (Citizen Emergency Response Team) ☐ MRC (Medical Reserves Corps)
☐ USA on Watch (Neighborhood Watch Program) ☐ VIPS (Volunteers in Police Service)
☐ Other: _____

*** * * Please Complete Other Side * * ***

During a public health emergency, we will call on volunteers to perform duties that require a variety of skills and talents. From the list below, select the **one** category that best describes your volunteer skills:

Please select one category:

- ☐ Administrative Support (clerical, data entry)
- ☐ General Helper (stockperson, greeter, runner)
- ☐ Medical Professional
- ☐ Mental Health Professional (psychiatrist, psychologist, social worker, etc.)
- ☐ Nursing Professional
- ☐ Other Health Care Professional (emergency medical technician, etc.)
- ☐ Pharmaceutical Professional (pharmacist, certified pharmacy technician)

Please share some information regarding your skills in the area you selected:

Do you have the ability to serve as a translator or interpreter during an emergency?

- ☐ No ☐ Yes

If yes, please list the language(s) you speak: _____

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By completing this information form, I am requesting to become a volunteer with the Maricopa County Division of BioDefense Preparedness and Response. I understand that my information may be shared with other emergency response agencies, in order to ensure a coordinated response to a public health threat. If accepted as a volunteer, I agree to participate in the training events offered, and review the informational materials provided in order to have the knowledge needed to respond appropriately in the event of an emergency. I understand that failure to maintain any required licensing or certification, or failure to participate in required training may result in my removal from the volunteer list.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

Thank you for your desire to protect the health and safety of the residents of Maricopa County. Please note that we are recruiting a limited number of volunteers, and not everyone will be chosen to participate in this program. You will be contacted soon with additional information.